

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM ITO-576)							SERIAL NO. 510375		FILING DATE 2-22-00		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	INO.	DEP.	INO.	DEP.	INO.	DEP.		INO.	DEP.	INO.	DEP.
1							61				
2							62				
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45							95				
46							96				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL	16						TOTAL				
TOTAL	9						TOTAL				
TOTAL	25						TOTAL				